

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064922

FILED
Mar 22, 2009
Secretary of State

Entity Name: HEXACURE, INC

Current Principal Place of Business:

4440 SW ARCHER RD
2028
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

4440 SW ARCHER RD
2028
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 26-2934852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPSIA, VIJAY H DR.
4440 SW ARCHER RD
2028
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAPSIA, VIJAY H DR.
Address: 4440 SW ARCHER RD, #2028
City-St-Zip: GAINESVILLE, FL 32608 FL

Title: CTO () Delete
Name: SANGHAVI, HITENDRA M
Address: 587 BRITTANY CIRCLE
City-St-Zip: NUTLEY, NJ 32608 US

Title: P () Delete
Name: LAPSIA, VARSHA V
Address: 4440 SW ARCHER RD, #2028
City-St-Zip: GAINESVILLE, FL 32608 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CMIO () Change (X) Addition
Name: KOWALCZYK, LUKASZ
Address: 130 SW 66ND STREET, #534B
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIJAY LAPSIA

VP

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date